

**STATE OF SOUTH CAROLINA – DEPARTMENT OF INSURANCE
EDUCATION SERVICES DIVISION, P.O. BOX 100105, COLUMBIA, SC 29202-3105
TELEPHONE NUMBER: (803) 737-6223**

**SPONSOR APPLICATION ☐ New ☐ Renewal
PROPERTY AND CASUALTY INSURANCE BROKER PRELICENSING EDUCATION**

1. Sponsor's Name _____
Address _____
Mailing Address _____
Telephone Number _____

2. Sponsor's Authorized Representative _____

3. Sponsor's Type of Business

College/University ☐ Insurance Agency ☐ Insurance Company ☐
Insurance Trade Association ☐ Private Organization ☐

4. Has anyone in your organization ever been the subject of disciplinary action, including suspension, cancellation or revocation by an Insurance Department, Governmental entity, or other licensing authority? ☐ yes ☐ no If yes, attach a statement providing complete details.

Has anyone in your organization ever been convicted, pled guilty or pled no contest or is anyone in your organization currently charged with, committing a crime, whether or not adjudication has been withheld?
☐ yes ☐ no If yes, you must attach to this application: 1) a statement providing complete details. 2) a certified copy of the charging document, and 3) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

Has anyone in your organization ever been charged by an entity with misappropriation, conversion or withholding money? ☐ yes ☐ no If yes, attach a statement providing complete details.

1. I understand that if either my organization or instructor(s) violate South Carolina insurance laws relating to Licensing/continuing education program requirements, that my authority to sponsor courses will be withdrawn.
☐ yes ☐ no

To remain qualified as an approved sponsor, the sponsor must agree to comply with all of the following requirements:

1. Monitor attendance by maintaining accurate attendance records;
2. Monitor the activities of approved instructors and promptly report any change in the status of the relationship between the instructor and the sponsor;
3. Submit course schedules to the Department of Insurance ten days in advance of the course being presented.
4. Promptly issue a Certification of Completion that has been approved by the Department to those attendees that have met the twelve-hour requirement.

I _____ do solemnly swear that the information and answers contained in this application are complete, true and correct to the best of my knowledge.

SWORN TO AND BEFORE ME THIS

_____ DAY OF _____